PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approved for use through 1/31/2/07. OMB 0951-0025.
U.S. Patent and Trademark Chicirc, U.S. DEPARTMENT OF COMMERCE
Under the Papervork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/521,743			ing Date 19/2005	To be Mailed
APPLICATION AS FILED – PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY												
Н	FOR	N	UMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	m	minus 3 = *		•		x \$ =		1	x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and dra sheets of paper, the appli is \$250 (\$125 for small er additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))												
* If	the difference in col	umn 1 is less than	r "0" in col		TOTAL	L	J	TOTAL				
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	10/24/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 10	Minus	~ 20		= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	***3		= 0		x \$ =		OR	X \$210=	0
	Application Size Fee (37 CFR 1.16(s))											
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	*				x \$ =		OR	x \$ =	
	Independent (37 CFR 1,16(h))	*	Minus	***				x \$ =		OR	x \$ =	
필	Application Size Fee (37 CFR 1.16(s))									ı		
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
" if the entry in column 1 is less than the entry in column 2, write "0" in column 3. " if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS